DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 04/26/2006

## **Provider Inspection Summary**

For the period 04/01/2003 to 03/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

## **Facility Information**

Facility Name: RAINBOW PARK HOME (310189) Address: 1217 S 118TH ST, WEST ALLIS, WI 53214

**License Status: REGULAR** 

Licensed/Certified/Registered 03/28/1995

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History** 

Survey ID: 0094543 End Date: 03/28/2005 Type: OTHER Purpose: DESK REVIEW

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009097 Served 04/18/2005

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>Verified</u> <u>Corrected</u>
50.065(6)(am) FOUR YEAR CAREGIVER BACKGROUND 05/13/2005 Yes

Compliance

50.065(6)(am) FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT

Survey ID: 0092502 End Date: 05/07/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008694 Served 05/14/2004

<u>Compliance</u>

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>Verified</u> <u>Corrected</u>

83.56(2) PLAN REVIEW

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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## **Enforcement History**

Date: 04/14/2005 SOD #10009097 Appealed: No

**Sanctions** 

COMPLY WITH REQUIREMENT

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